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Suite 2810 Chicago, IL 60601	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
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1. Article Addressed to: 6/18/09 B.M. PCB 2003-191 Clarissa C. Grayson LaRose & Bosco, Ltd. 200 N. LaSalle Street Suite 2810 Chicago, IL 60601	D. Is delivery address different from item 1? Yes If YES, enter delivery address below: No	
	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7008 1830 0003 9908 8673		
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	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.	
	4. Restricted Delivery? (Extra Fee)	
2. Article Number (Transfer from service label) 7008 1830 0003 9908 8659		
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SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse □ Addressee so that we can return the card to you. Regelved by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? Article Addressed to: 6/18/09 B.M. If YES, enter delivery address below: ☐ No PCB 2003-191 Charles F. Helsten Hinshaw & Culbertson 100 Park Avenue 3. Service Type P.O. Box 1389 Certified Mail ☐ Express Mail Rockford, IL 61105-1389 Registered ☐ Return Receipt for Merchandise ☐ Insured Mail COD Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7008 1830 0003 9908 8666 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540